CHILD DEVELOPMENT PROJECT

PHASE VI

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CHILD DEVELOPMENT PROJECT
Phase VI

Sponsored by Western Pennsylvania School for Blind Children
and
Pennsylvania Department of Education

Funded Under Title I ESEA, P.L. 89-313
Project No. 48-73007-02-959

Evaluation Narrative
by

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Project Director

1973-74

TABLE OF CONTENTS

		Page
I	Project Identification	1
II	Introduction	2
III	Project Population	5
IV	Major Objectives: Implementation and Evaluation Procedures, Summaries of Pre- and Post-Data, and Elimination of Gaps or Weaknesses for which the Project Objectives were Designed	25
V	Project Staff	78
VI	Summary and Conclusion	82
	Appendix	85

I. Project Identification

A. Local Education Agency: Western Pennsylvania School for Blind Children

B. State Educational Agency: Pennsylvania State Department of Education

C. Title I, ESEA, P.L. 89-313 Child Development Project (Phase VI) Project No. 48-73007-02-959

D. Amount Funded: $40,025.00

II. INTRODUCTION

The implementation and positive results of the Title I Child Development Projects during the five-year period from 1969 to 1974 have brought about a series of changes and improvements at Western Pennsylvania School for Blind Children (WPSBC). This year the Lower School was renamed the Early Education Building in order to appropriately describe the population and the program.

Changes which can be attributed to projects which were made possible by funds allocated through the Commonwealth of Pennsylvania under Title I of the Elementary and Secondary Act, Public Law 89-313 amendment include:

A. The School's commitment to the development of individualized educational programs for multiple handicapped children.

B. The construction of an additional floor to the Early Education Building to house an Evaluation and Developmental Center for visually impaired children from infancy on.

C. The integration of multiple handicapped children into regular school activities according to their capabilities and developmental levels.

D. Visual stimulation programs provided for all children in early education programs who have or appear to have useful residual vision.

E. The organization of a resource room for diagnostic/remedial work and/or academic training for young children on an individual or small group basis.

F. The acceptance of the child care worker position within the WPSBC staff organization. Child care workers provide learning opportunities for children with complex learning and behavioral problems on an individual basis and encourage the children's participation in group activities when feasible.

G. A Health Center was organized to meet the medical, first-aid and hygenic needs of all the young children. It operates as a subsidiary of the Upper School Health Center.

H. Extended day services were organized to provide planned recreational and home-like activities for the children.

I. Affective educational methods have been explored and incorporated into classroom and extended-day programs.

J. All children, preschoolers and primary level, have been involved in Title I Orientation and Mobility Projects. The projects have been coordinated with the Child Development Projects.

K. The first draft of a written primary school curriculum was completed.

This Child Development Project, Phase VI, was addressed toward further developing and improving early education programs by providing the following direct services:

A. Evaluation and early intervention programs for visually impaired children from infancy to eight years of age. The programs included a day-time preschool, a residential program for preacademic children with complex learning and behavioral problems, and a program where very young children and their parents were seen periodically.

B. The introduction of the Human Development Program by Harold Bessell and Uvaldo Palomares to develop young children's self-awareness, self-confidence, and effectiveness in socially interactive situations.

C. The expansion and in-depth study of specialized programs to alleviate specific learning and behavior problems for those children with unusual management and academic problems.

D. The provision of speech therapy for multiple handicapped children with speech difficulties.

E. The continuation and expansion of educational and guidance opportunities for parents.

F. The implementation and evaluation of the first draft of a written primary school behaviorally oriented curriculum for visually handicapped and multiply handicapped children.

G. Increased prevocational experiences for primary school children.

An objective systematized approach was utilized in developing and evaluating individual programs for the children based on their educational

assessment data. A humanistic and nurturing approach was also used in providing a variety of learning opportunities, arranging stimulating environments and helping the children express their feelings. Emphasis was placed on finding each child's abilities and best modes for learning.

III. PROJECT POPULATION

The Child Development Project involved direct services for 58 visually handicapped children listed in the following Population Chart. Other children enrolled in primary classes received indirect services through the development of the written primary curriculum guide.

Eight children participated in a nursery school program, 10 children participated in a toddler program in a regular or part-time basis, 16 children were seen for evaluations and periodic visits with their parents, five children were involved in a preacademic residential program. Eight children, one also in the preacademic residential program, participated in a program and classroom especially designed for their unique needs.

Twenty children received speech therapy. Six of the children were enrolled in the Upper School.

Thirty-seven of the children were boys and twenty-one were girls. They ranged in age from 2 months to 10 years. The children came from various geographic areas in Western Pennsylvania and from a range of economic conditions. Seventeen per cent were from minority groups.

The following population chart provides the birthdate, sex, visual information, additional handicaps (if any) and comments or grade level for each child.

TABLE I

CHILD DEVELOPMENT PROJECT POPULATION 1973-74

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Nursery School Program (Objective 1)					
1.	7/16/70	M	Congenital blindness secondary to optic atrophy. No useful vision.		Initial introduction to program in Sept., 1972.
2.	10/7/68	F	No useful vision. Etiology unknown.	Orthopedic	Initial introduction to program in Sept., 1973.
3.	1/31/70	M	Light perception in both eyes. Retrolental fibroplasia.		Initial introduction to program in Sept., 1971.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
4.	7/14/68	M	Bilateral optic atrophy. Useful residual vision in both eyes.	Arrested hydrocephalus. Delayed motor and language development.	Initial introduction to program November, 1973. Admitted as a residential student May, 1974.
5.	1/26/70	M	Useful residual vision in left eye. Light perception in right eye. Retrolental fibroplasia.		Initial introduction to program January, 1973.
6.	10/8/68	M	3/200 distance vision. 20/70 near vision. (4" range).	Developmental delays and physical handicaps.	Initial introduction to program November, 1973.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
7.	7/26/70	M	Retrolental fibroplasia.	Language delay	Initial introduction to program February, 1973.
8.	1/20/70	F	Useful residual vision in both eyes. Microphthalmus. Pendular nystagmus.		Initial introduction to program October, 1971.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Toddler Program (Objective 1) Children, ages 2 to 4, attended two to four and a half days a week and were gradually integrated into group activities.					
9.	1/21/69	M	Useful residual vision. Nystagmus, bilateral hypoplasia of optic nerves.	Developmental delays. Autistic-like behavior.	Day student beginning in January, 1974.
10.	10/7/70	M	Useful residual vision. Bilateral colobomas and microphthalmus.	Delayed motor development. Undetermined retardation.	Attended two mornings a week.
11.	6/23/72	F	Useful residual vision. Bilateral cataracts.		Attended two or three days a week.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
12.	7/21/70	F	Useful residual vision. Bilateral optic atrophy.	Spina Bifida, arrested hydrocephalus, orthopedic problems.	Attended one day a week.
13.	6/23/70	M	Useful residual vision.	Cerebral palsy, developmental delays.	Attended one day every other week.
14.	4/24/71	F	Useful residual vision. Nystagmus.	Arrested hydrocephalus.	Attended two and a half days a week.
15.	10/2/71	M	Albinism. Rotary nystagmus. Wears corrective lenses.		Attended three and a half days a week.
16.	10/14/70	M	Albinism	Language delays, autistic-like tendencies. Undetermined retardation.	Started February 1, 1974, two mornings a week.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
17.	12/27/70	M	Useful residual vision. Wears corrective lenses.	Motor and language delays.	Attended four and a half days a week.
18.	10/30/71	M	Useful residual vision. Pendular nystagmus, microphthalmus.		Attended two and a half days a week.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Evaluation and Developmental Program (Objective 1)					
19.	6/8/72	F	No light perception. Congenital blindness. Hypoplasia of the optic nerves.		Once a month beginning in January, 1974.
20.	4/24/71	M	No light perception. Congenital blindness		Initial visit in March, 1974.
21.	7/23/73	M	Light perception in right eye; No light perception in left eye.		Initial visit in June, 1974.
22.	2/26/67	F	No useful vision. Scarred corneas.	Autistic-like tendencies, developmental retardation.	Initial visit in Fall, 1972.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
23.	6/8/71	F	Useful residual vision.	Resolving disabilities secondary to meningitis episode in Nov., 1973.	Initial visit in February, 1974, once a month.
24.	4/14/73	F	Useful residual vision. Cordical blindness related to Rh factor.	Developmental delays.	Initial visit in May, 1974.
25.	12/20/70	M	Useful residual vision	Central nervous system degenerative condition. Severe medical problem.	Children's Hospital visits beginning Dec., 1973. Placement at Home for Crippled Children.

TABLE I - Continued

26.	8/31/64	M	No useful vision	Moderately retarded.	Resident at McGuire Memorial Home. Alternate placement being sought.
27.	3/16/70	M	No light perception.	Bilateral spastic hemiparesis secondary to episode of epiglottitis; developmental delays.	Initial visit in April, 1973. Attended Easter Seal program in Butler, PA, 1973-74. Visited WPSBC for two evaluations; spring, fall.
28.	5/25/70	F	Congenital blindness, etiology unknown.	Motor and language delays; undetermined retardation; planovalgus feet.	Initial visit in March, 1973, once every other week.
29.	10/10/73	M	Cortical blindness. Possible light perception; Leber's disease.		Initial visit in May, 1974.
30.	4/17/74	F	Useful residual vision.	Developmental delays.	Initial visit in June, 1974.

TITLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
31.	3/15/70	F	No light perception. Congenital Glaucoma.		Initial visit in Jan., 1973, once a week; was not able to attend during 73-74 as mother was studying to obtain LPN certificate.
32.	12/5/70	M	Useful residual vision.	Developmental delays; no speech.	Initial visit in March, 1974.
33.	1/11/73	F	RLF, Light perception in left eye, no light perception in right eye.		Initial visit in May, 1974; living in Cumberland, WV, referred by Dr. Hiles.
34.	2/5/70	M	Light perception	Questionable hearing loss, Developmental delays.	Initial visit in November, 1972.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Special Residential Program (Objective 1)					
35.	1/24/68	F	Both eyes enucleated.	Severe language delay. Emotionally disturbed.	Initial assessment in Spring, 1972. Attended WPSBC two mornings a week during 72-73. Enrolled as a residential student 9/73.
36.	7/6/69	F	Useful residual vision. Congenital aniridia, cataracts.	Language delay. Emotionally immature.	Initial Assessment Spring, 1970. Attended WPSBC two mornings a week on 70-71, five mornings a week in 71-72, full-day in 72-73 and started as a residential student in the fall of 1973.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
37.	3/24/65	M	No useful vision. Retrolental fibroplasia. Cataracts.	Environmental deprivation. Convulsive disorder. Undetermined retardation.	Enrolled as a residential student in October, 1970.
38.	11/26/68	F	Light perception. Retrolental fibroplasia.	Developmental delays. Environmental deprivation.	Initial assessment in fall, 1972. Started as a residential student in January, 1974.
39.	8/21/67	F	Light perception in right eye. Bilateral cataracts. Pimentary degeneration. Glaucoma.	Emotionally immature, developmental delays. Sister of #46.	Initial assessment fall, 1970. Attended two mornings a week in 1971-72 and 72-73. Enrolled as a residential student in Sept., 1973.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Special Room (Objective 3)					
40.	9/22/66	M	3/200 in both eyes.	Profound hearing loss in right ear resolving in speech difficulties; undetermined retardation.	Entered WPSBC in Sept., 1972. Placed in Special Room in September, 1973.
41.	4/27/62	M	Useful residual vision.	Emotionally disturbed; educable retardation.	Title I participant beginning July, 1969.
*	3/24/65	M	No useful vision. Retrolental fibroplasia. Cataracts.	Environmental deprivation. Convulsive disorder. Undetermined retardation.	Title I participant beginning Oct., 1970. Placed in Special Room Jan., 1974.

* #37 in the Special Residential Program.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
42.	7/21/65	F	20/200 in both eyes.	Undetermined retardation.	Unable to perform first grade academic work in 1972-73. She was placed in Special Room in Sept., 1973.
43.	5/9/63	M	Light perception in right eye only.	Emotionally disturbed; undetermined retardation.	Title I participant beginning in July, 1969.
44.	5/15/63	F	Evidence of light perception. Bilateral cataracts.	Resolving autism; educable retardation.	Title I participant beginning in July, 1969.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
45.	10/15/63	M	No light perception in left eye. Useful residual vision in right eye. Wears corrective lenses.	Emotionally immature, Educable retardation.	Entered WPSBC in Sept., 1969. Assigned to Resource Room part-time in 1972-73. Placed in Special Room part-time, 1973-74
46.	7/25/65	F	15/200 in both eyes. Congenital aniridia, bilateral cataracts. Wears corrective lenses.	Wilms tumor - one kidney removed. Speech problems; teeth destroyed from medication; undetermined retardation.	Title I participant beginning Sept., 1970.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
Children Who Received Speech Therapy (Objective 4) Not previously listed.					
47.	2/23/64	M	20/100 right eye 8/200 left eye Congenital nystagmus. Alternating exotropia.		
48.	7/29/68	M	20/200 in both eyes.	Developmental lags.	Kindergarten beginning in Feb., 1973.
49.	7/10/66	M	Useful residual vision. 19/200 in both eyes. Nystagmus. Retinal pigmentary degeneration. Amblyopia.	Speech problems; Cerebral Palsy, spastic right hemiparesis.	Classroom 2.

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
50.	11/27/67	F	Useful residual vision. Wears corrective lenses.	Langauge and speech problems. Emotionally immature. Mild cerebral palsy.	Nursery school
51.	8/17/66	F	Useful residual vision.	Microcephaly, educable retardation. Emotional immaturity.	Kindergarten
52.	2/18/67	F	5/400 in both eyes. High myopia. Nystagmus. Useful residual vision. Wears corrective lenses.	Articulation problems.	Classroom 1

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
53.	12/12/65	M	Useful residual vision.	Rubella syndrome. Mental retardation.	Individualized program
54.	10/8/59	M	Light perception. Congenital retinal degeneration. Congenital nystagmus. Alternating exotropia.	Mental retardation. Emotional problems.	Elementary ungraded.
55.	7/29/57	M	Light perception. Congenital interstitial peratitis, nystagmus.		Seventh Grade
56.	9/14/55	F	Retrolental fibroplasia.		Eleventh Grade

TABLE I - Continued

Student Number	Birthdate	Sex	Visual Information	Additional Handicaps	Comments
57.	11/25/56	M	Congenital glaucoma, Optic atrophy.	Mental retardation	Elementary ungraded.
58.	8/30/60	M	20/200 in both eyes.		Sixth Grade
59.	5/27/65	F	Useful residual vision. 5/200 right eye, severe amplyopia in left. Diagnosis: optic atrophy. Wears corrective lenses.	Spastic quad-riplegia. Retardation Emotionally immature	Admitted to WPSBC for evaluation in Spring of 1972. Placed in residential kindergarten program 1972-73 and 1973-74. Lived at Western State School and Hospital weekends and vacation time.

IV. MAJOR OBJECTIVES

Implementation and Evaluation Procedures, Summaries of Pre- and Post-Data, and Elimination of Gaps or Weaknesses for which the Project Objectives were Designed

A. To evaluate and to provide early intervention techniques for visually impaired children from infancy to eight years of age.

1. Implementation procedures

Each child was initially evaluated in the areas of orientation and mobility, communication, self-care and personal-social behavior. The evaluation included observation of the child with and without his parents or substitute parent and in structured and unstructured situations. Parent interviews provided early developmental histories and the parents' viewpoints of the child's functioning level. The parents also indicated their attitudes toward the child's handicap.

If medical and psycho-social data were not available a child considered for admission to the program was referred to the Developmental Clinic of Children's Hospital for such information. It was important to have identified any conditions which might be ameliorated by surgery, therapy or other corrective measures and to have knowledge about any disabilities considered irreversible. The comprehensive evaluation by specialists at the Developmental Clinic provided a multi-disciplinarian approach to the study of each child.

The implementation of early intervention for visually impaired children from infancy to eight years of age required the following four specific programs:

a. A full-day nursery school program for children functioning at developmental levels around three to four years of age.

b. A part-time preschool program for toddlers functioning at developmental levels around two to three years of age.

Part-time Preschool Program

Beginning in September, 1973 toddlers and their parents were scheduled for early intervention and parental guidance sessions as frequently as parents could make the arrangements. The sessions ranged from two or three times a week to once every other week for two or three hours at a time.

Under the guidance of the director and a professional with a master's degree in Special Education for the visually handicapped, Mrs. Meryl Berk, child care workers implemented programs for the children based on their medical and psycho-social data, educational assessment information and observations of their personal-social behavior. Underlying the teaching of educational tasks was the establishment of a primary relationship between the child and a child care worker. Parents were asked to stay with children until this basic trust was established. Then gradually the parent and the child were helped with the separation-individuation process.

Combined with the humanistic approach to learning was an objective educational approach covering the areas of motor development, communication, self-care and socialization. Tasks the children did not perform on appropriate assessment scales and tests became tasks in sequential order for their individual intervention programs. Each child's responses to visual, tactile, auditory and olfactory stimulation were observed and specific learning opportunities were then structured.

Behavior modification techniques were utilized but within the framework of a close relationship with a loving supportive adult. The goal for each child was to move from primary rewards as soon as possible to social rewards in the form of affection and verbal praise.

Parent participation was an important part of the program. Parents had discussions with staff each time they brought their children and were encouraged to continue the educational program and child management techniques at home. They discussed progress or problem areas. Some of the parents were most cooperative in keeping toileting, eating, or behavior records and appreciated the importance of consistency for the child at home and at school.

c. An evaluation and early intervention program for young children and their parents who could only participate in the project once every three or six weeks for a variety of reasons, mainly a geographic distance of over 60 miles.

d. A preacademic residential and day program for multiple handicapped children.

Full-Day Nursery Program

The full-day nursery program was organized from 8:30 a.m. to 3:30 p.m. for eight visually impaired children. See Population Chart. All of the children and their parents participated in the Title I 1972-73 project. By June, 1973 they had been involved in group activities and had stayed at school a few full days. One mother rented an apartment close to the school so her four-and-one-half-year-old son could attend four days a week. She returned to her home in a rural area of Pennsylvania Fridays to Mondays. A family of four moved to the Pittsburgh area so that their five-year-old daughter could attend the nursery school each school day. One mother spent three days at the school each week or in the Oakland area so that her four-year-old son could attend, since her travel time each way was approximately an hour. Seven of the parents attended the parent discussion groups Monday mornings. A large airy classroom in the Upper School was provided for the nursery program since construction of the new third floor addition had been delayed. The children participated in regular nursery school activities arranged and taught by an experienced teacher of young children, Mrs. Mona Manning, and a child care worker with a master's degree in Special Education, Mrs. Eileen Stutman. In addition to the regular program each child had an individualized program determined by his performance levels in orientation and mobility, communication, self-care and socialization. A part of each day was designated for individualized instruction for each child. Visual efficiency training was emphasized in the individual programs and throughout the day for any children with useful residual vision.

By January, 1974 there were ten toddlers in the program. It was necessary to employ an additional child care worker to continue the individualization and to bring in additional children. Some of the children had progressed to the socialization point of parallel play and some interaction with other children so it was possible to group them. The toddler day was extended through the lunch period or to 3:30 p.m. if there were complicated home environments. By June, 1973 a toddler program similar to a nursery program had been organized. The children were ready to enjoy such learning opportunities as field trips to the zoo, to a farm and to the park for a picnic.

Periodic Early Intervention and Parent Program

After the initial assessment and a decision by administrators of the school and the parents that a child could profit from our program, it was often difficult to arrange sessions more often than once a month or once every six weeks. Long transportation distances from northwestern or central Pennsylvania, family and/or business obligations prevented more frequent visits. In such situations, the director or Mrs. Berk worked directly with the parents to help them develop the learning opportunities, stimulation, and structure the children needed. Often the children were placed in local PARC, Easter Seal, United Cerebral Palsy or other such preschool programs for handicapped children and their programs were coordinated with Western Pennsylvania School for Blind Children's (WPSBC). Frequently teachers from these programs visited the WPSBC early education programs with the parents.

Preacademic Program

Eight children were involved in this highly individualized special program for children with complex learning and behavior problems. Seven of the children were residential students. A third floor area, separate from the rest of the school, was organized for their individualized instruction and living quarters. Two of the children were low functioning boys with auditory and visual disabilities who received coordinated services from the members of the Title I project staff, the Title VI project staff and school staff. The children lived in the special dormitory

and participated in all the dormitory activities with their child care workers. They attended the special classroom for deaf-blind children organized as part of the Title VI Educational Project for Deaf-Blind Children at WPSBC. Their detailed progress reports appear in the 1973-74 Evaluation Narrative[1]. One of the eight preacademic children received a highly individualized program with a child care worker each day from 8:30 a.m. to 3:30 p.m. His mother rented an apartment near the school rather than have him be a residential student. She was divorced and attended a college in Oakland.

The children's disabilities ranged in complexity from the two low functioning deaf-blind children to two children with childhood psychoses to those children with resolving developmental delays.

Child care workers, under the guidance of the director and Mrs. Berk, master teacher, worked with a child on one-to-one basis for the majority of each day. One shift of child care workers worked from 7:00 a.m. to 2:00 p.m.; the other worked from 2:00 p.m. to 9:00 p.m. The goals for each child care worker were to create a warm positive relationship with each child, to structure learning opportunities, to improve the child's task performances in relevant areas, and to gradually integrate the child into school activities at his or her developmental level.

2. Summaries of pre- and post-data

The following scales were utilized, where appropriate, for quantifying children's progress and for identifying instructional tasks in sequential order of difficulty:

- The Maxfield-Buchholz Social Maturity Scale for Preschool Blind Children
- Communication Evaluation Chart from Infancy to Five Years Compiled by Anderson, Miles and Matheny
- Denver Developmental Screening Test
- The Visual Efficiency Scale by Natalie C. Barraga
- A checklist adapted from information in Carol Halliday's The Visually Impaired Child, Growth, Learning, Development--Infancy to School Age

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[1]Title VI P.L. 91-230, funded under the auspices of the Mid-Atlantic-North and Caribbean Regional Deaf-Blind Center. Reports available at the Western Pennsylvania School for Blind Children.

- A scale of self-care skills designed for multiply handicapped children by Verna Hart

The scales covered the areas of gross and fine motor skills, body awareness and self-identification, language and speech, visual, auditory, tactile and other perceptual skills, conceptual processes, and emotional and social growth. The children were studied in terms of normal growth and development as indicated on the scales. Tasks the children did not perform in the various areas were chosen in sequential order of difficulty for their individualized programs. Strength areas were further developed and used as rewarding experiences for improvement in weak areas. Detailed reports were written and task sheets were charted to record changes in behavior and to search for ways to improve each child's program throughout the year. The June, 1973 scores for children who were previously in the program were used as pre-data and their June, 1974 scores as post-data. Children new to the program were assessed when started and in June, 1974, if appropriate. Staff members completed new checklists each time so as not to be influenced by previous checkmarks. Office staff then tabulated the raw scores of the number of tasks the children performed in pre- and post-periods. The Barraga Visual Efficiency Scale was too advanced for any of the preschool or preacademic children. However, it provided a guide for the development of tasks which would gradually advance to the visual discrimination required in the Barraga Scale. Primary level children were administered the test as part of the WPSBC Title I Orientation and Mobility Project.

The raw scores which are charted in the following tables indicate progress made by the children in the various programs.

Each child who demonstrated unusual behavioral problems or emotional distress was seen by the consulting child psychiatrist, Dr. William Marchl, on at least two different occasions during the project. His suggestions and support helped to implement the child's individualized programs and provide long range goals. His observations were recorded and provided evaluative information for the children's case studies.

TABLE 2

MAXFIELD-BUCHHOLZ SCALE OF SOCIAL MATURITY
FOR USE WITH PRESCHOOL BLIND CHILDREN

There are 95 items on the scale. The items range in sequential order of difficulty from infancy to six years of age.

Student Number	Pretest Score June, 1972	Pretest Score June, 1973	Posttest Score June, 1974	Gain or Loss 1972 - 73	Gain or Loss 1972 - 74	Comments
3	47	53	79	+6	+32	Nursery Program 4 days a week
8	55	72	91	+17	+36	Nursery Program 4½ days a week
35	38	48	53	+10	+15	One-to-one residential program, Part-time integration in Nursery Program with CCW.
59	53	68	73	+15	+20	Kindergarten Program with child care worker assistance.

Table 2 - Continued

Student Number	Pretest Score June, 1972	Pretest Score June, 1973	Posttest Score June, 1974	Gain or Loss 1972 - 73	Gain or Loss 1972-74	Comments
36	50	57	81	+7	+31	Integration into Nursery Program. One-to-one residential program before and after classroom program.
37	63	75	86	+12	+23	Individualized program with CCW. Integrated into special classroom. (Objective 3).
39	62	80	89	+18	+27	Integrated into kindergarten program. One-to-one residential program.
38		January, 1974 12	31		Jan. 74 to June 74 +19	Total one-to-one individualized program.

TABLE 3

Communication Evaluation Chart from Infancy to Five Years. Compiled by Ruth M. Anderson, Madeline Miles, and Patricia A. Matheny.

Only items dealing with the normal development and comprehension of language as a communicative tool were utilized. Items concerned with motor coordination and visual-motor responses were adapted and used as guidelines for the children's programs but were not appropriate for comparison scores. There are 92 language items on the chart ranging from a three-month to a five-year language level.

Child Number	Pretest Score Information: Date June, 1973	Pretest Score Information: Language Level (yrs)	Posttest Score Information: Date June, 1974	Posttest Score Information: Language Level	Gain or Loss: 1973-74	Gain or Loss: Language Level
Special Residential Program						
35	23	1	18½	1*		
36	36	1 3/4	70	3½	+34	1 3/4
37	75	4	85	5	+10	1
38	Jan., 1973 21	3/4	23	3/4-1	+2	¼
39	66	3	78	4	+12	1

* Her receptive level has advanced to following some simple directions but her expressive language is still at a babbling stage.

TABLE 4

DENVER DEVELOPMENTAL SCREENING TEST

By William K. Frankenburg and Josiah B. Dodds
University of Colorado Medical Center

	November, 1973				June, 1974				Gain or Loss 1973-74			
Student Number	P-S	FM-A	L	GM	P-S	FM-A	L	GM	P-S	FM-A	L	GM
Nursery School Program												
1	11	7	12	19	11	12	14	19	0	+5	+2	0
2	10	15	13	-	12	17	15	-	+2	+2	+2	-
3	10	18	13	19	11	18	15	19	+1	0	+2	0
5	11	17	16	21	11	17	16	22	0	0	0	+1

KEY

P-S	Personal-Social	23 tasks	L	Language	21 tasks
FM-A	Fine Motor-Adaptive	30 tasks	GM	Gross Motor	31 tasks

TABLE 4 - Continued

Student Number	November, 1973 P-S	FM-A	L	GM	June, 1974 P-S	FM-A	L	G-M	Gain or Loss 1973-74 P-S	FM-A	L	GM
6	11	15	11	21	12	16	14	22	+1	+1	+3	+1
7	12	18	13	20	13	18	14	21	+1	0	+1	+1
8	13	21	17	22	13	21	17	23	0	0	0	+1
36	12	19	13	18	12	19	15	21	0	0	+2	+3
Toddler Program												
10	11	16	11	14	18	22	14	24	+7	+6	+3	+10
11	7	12	13	15	15							
12	10	13	10	6	13	15	13	9	+3	+2	+3	+3
14	12	18	8	19	18	20	13	23	+6	+2	+5	+4

TABLE 4 - Continued

Student Number	November, 1973 P-S	FM-A	L	GM	June, 1974 P-S	FM-A	L	GM	Gain or Loss 1973-74 P-S	FM-A	L	GM
15	13	15	10	17	18	20	14	23	+5	+5	+4	+6
16	-	-	-	-	11	14	5	20	First evaluated in May, 1974			
17	June, 1973 7	12	6	17	June, 1974 10	17	12	19	+3	+5	+6	+2
18	11	12	11	17	14	17	14	19	+3	+5	+3	+2

TABLE 5

EARLY EDUCATION DEVELOPMENTAL CHECKLIST

Adapted from information in Carol Halliday's
The Visually Impaired Child, Growth, Learning, Development
Infancy to School Age

Student Number	P-S	FM-A	L	GM	BI	SC	P-S	FM-A	L	GM	BI	SC	P-S	FM-A	L	GM	BI	SC
Nursery Children																		
1	23	10*	33	27	17	7	28	15*	47	32	17	10	+5	+5*	+14	+5	0	+3
2	34	28	47				39	30	55				+5	+2	+8			
3	38	37*	45	34	17	7	44	42*	56	40	17	13	+6	+5*	+11	+6	0	+7

KEY

P-S	Personal Social	54 items	GM	Gross Motor	56 items
* FM-A	Fine Motor-Adaptive	59 items	BI	Body Image	17 items
L	Language	66 items	SC	Self Care	17 items

*10 items on the list not appropriate for a totally blind child

TABLE 5 - Continued

Student Number	P-S	FM-A	L	GM	BI	SC	P-S	FM-A	L	GM	BI	SC	P-S	FM-A	L	GM	BI	SC
5	43	36	54	42	17	6	47	40	60	47	17	11	+4	+4	+6	+5	0	+5
6	32	23	25	42	14	9	39	33	50	48	17	11	+7	+10	+25	+6	+3	+2
7	46	38*	23	42	17	9	49	41*	41	47	17	14	+3	+3*	+18	+5	0	+5
8	50	45	61	47	17	9	52	47	65	47	17	11	+2	+2	+4	0	0	+2
36	41	40	34	39	16		46	44	48	45	17		+5	+4	+14	+6	+1	

TABLE 5 - Continued

Student Number	November, 1973 P-S	FM-A	L	GM	BI	SC	June, 1974 P-S	FM-A	L	GM	BI	SC	Gain or Loss 1973-74 P-S	FM-A	L	GM	BI	SC
Toddler Program																		
11	16	17	16	38	3	8	29	27	19	51	5	8	+13	+10	+3	+13	+2	0
12	23	26	27	20	0	6	44	29	47	26	11	6	+21	+3	+1	+9	+10	0
14	45	35	30	56	11	5	51	46	54	67	11	5	+6	+11	+24	+11	0	0
15	45	37	34	58	13	3	55	44	53	71	13	3	+10	+7	+19	+13	0	0
17	25	24	16	52	0	6	38	38	27	60	8	6	+13	+14	+11	+8	+8	0

TABLE 5 - Continued

Student Number	November, 1973 P-S	FM-A	L	GM	BI	SC	June, 1974 P-S	FM-A	L	GM	BI	SC	Gain or Loss 1973-74 P-S	FM-A	L	GM	BI	SC
18	32	22	30	ABSENT			52	42	53	56	11	4	+20	+20	+23			
28	2	7	17	19	5	0	23	9	27	38	10	3	+21	+2	+10	+19	+5	+2

Because of the uniqueness of each child and his program, the case study method of research provided the most meaningful method of evaluation. Case studies identify each child diagnostically and summarize data in the areas of orientation and mobility, communication, self-care, socialization and emotional development. The studies provide specific and meaningful information for parent progress reports, information for immediate and future planning, and educational resource materials for practicum students. Sample case studies are presented in Appendix B.

Video tape recordings of individual children and of group activities illustrate various aspects of this objective.

3. Elimination of gaps or weaknesses

The implementation of the objective provided early education opportunities for young children and their parents at a vital time in their lives. Previously, such opportunities were seldom available for very young visually impaired children.

The developmental and social progress of children in the nursery program indicated the advantages of early intervention. These children had participated in part-time activities at WPSBC during 1972-73 and were ready for participation in group activities with peers. This year most of them appeared to be acquiring self-identity and individuation characteristics. They learned to perform educational and self-care tasks independently or with limited assistance.

Without the early education advantages they may have become like many of the children with various developmental delays and complex learning and behavioral problems who were seen previously for admittance at WPSBC at the ages of five or six.

By evaluating very young visually impaired children and developing stimulation programs for them at school and at home, their parents were encouraged to provide maximal nurturing opportunities toward normal development. Parents were able to observe older children at WPSBC and gain realistic pictures of what the education for their children might be. The staff was available to demonstrate how the environment and the world of objects need to be introduced to visually impaired children since they often are not

able to learn what sighted children do incidentally or through imitation.

Coordinated efforts were developed with other agencies who provide early education services for handicapped children. With some children who were seen for initial assessments other handicaps than the visual ones were the primary problems. In such cases referrals to an appropriate agency were made. Also, frequently the project staff was contacted for suggestions when visually impaired multiple handicapped children were seen at various agencies in western Pennsylvania. The staff acted as resource people in helping to develop the children's programs in terms of visual and/or tactile stimulation.

Eight multiple handicapped children who presented unusual management problems responded favorably to individualized programs. The implementation of this objective provided programs for these children who otherwise would have had to remain at home and whose names would have appeared on waiting lists for institutions. This special program and dormitory setting made it possible for two deaf blind children to attend the Title VI Deaf-Blind Educational Project at WPSBC and for three other children to be gradually integrated into group activities and regular classrooms with less and less one-to-one support. Unfortunately, it was necessary for one child to have an eye enucleation in April, 1974. It can be assumed that the trauma of surgery (it was her second enucleation) caused regressions. However, over the extended evaluation period since she started to attend WPSBC as a part-time student in 1972-73, she progressed in some developmental areas. Evaluations of two children who were admitted in January indicated that they should continue to progress if admitted to participate in a 1974-75 project.

Videotape recordings provide audio-visual evidence of children's progress which not only support the assessment information but reveal many affective areas which are almost impossible to record by paper and pencil methods.

B. To develop young children's self-awareness, self-confidence, and effectiveness in socially interactive situations.

1. Implementation procedures

A structured and sequential program in affective education was introduced and implemented in the kindergarten and primary classes of the Lower School to help the children develop self-awareness, self-confidence, and positive interpersonal relationships. The program was based on The Human Development Program (HDP) developed by Harold Bessell and Uvaldo Palomares.

Five teachers and five teacher aides were involved in the study. Two teacher aides were not available for post-testing; one was ill the last six weeks of school, and the other was married and moved out of the city.

Thirty-seven primary school children participated in the study. The children ranged in intellectual functioning from educable to above average.

Ms. Rhe Nell Berrechman, a professional certified to work with children and adults in The Human Development Program procedures and experienced and trained in communication arts, introduced the method and techniques to the teachers, worked with them as the child-oriented group sessions were initiated and progressed. She met with the teachers as a group during the first semester and then met with the teachers on an individual basis.

The objectives of the program were:

a. To encourage each child to become aware of his feelings and the feelings of others and to provide environmental matrices for development of such awareness;
b. To help the child develop confidence in his ability to relate to his peers, and to adults;
c. To help the child grow into functional effectiveness in contexts of social interaction and into mastery of social situations.

Regularly scheduled "magic circle" sessions of approximately 25 minutes each day provided the impetus for meeting the objectives. The sessions were conducted by the classroom teachers

or sometimes by the teacher-aides. They acted as a nondirective, nonjudgemental group "facilitator." The discussion topics followed the sequential development outlined in the guides constructed for the various class levels by Bessell and Palomares, with modifications where needed for children with visual disabilities. The primary classes completed the material for their levels by the end of the academic year.

Ms. Berreckman observed the various "magic circle" sessions and met with the teachers on a regular basis to discuss the material and answer questions. She scheduled individual "talk-times" with students, as requested by their teachers, when their contributions to the group were too involved or "out-of-order" for group time. She worked extensively with seven students on a one-to-one basis as the need for such a relationship became apparent. She met with a child at least once a week for a 25-minute session.

Ms. Berreckman demonstrated and explained the program to parents as a guest speaker at one of the Parent-Teacher meetings. The summaries of the data which follow were written by Ms. Berreckman.

2. Summaries of pre- and post-data

a. Evaluative Instruments

The following evaluative instruments were used to assess the effectiveness of the use of The Human Development Program for the teachers and the children.

(1) The Minnesota Teacher Attitude Inventory (by W. W. Cook, C. H. Leeds, and R. Callis, published and controlled by the Psychological Corporation). The MTAI was administered to each classroom teacher and to two of the teacher-aides twice--at the beginning and at the end of the academic year. It was also administered once to the other teacher-aides and to one child-care worker.

(2) The My Teacher Test, an unpublished test developed by Leeds and Callis as a scale for assessing teacher-pupil attitudes and rapport, was given in conjunction with the MTAI. The HDP specialist administered this test to each

child twice, once toward the beginning and once at the end of the year.

(3) The Developmental Profile, an instrument designed to evaluate the affective development of the child was included with the Bessell-Palomares program.

(4) An Expression Flow-Chart, a sociogram-type instrument organized by HDP specialist to record the frequency, effectiveness, and major direction of expressive performances by the members of each "magic circle" group (including the teachers). This graphic record of the sessions was completed by the HDP specialist three times during the year for each classroom--in October, in February, and in June.

(5) A questionnaire, designed by the HDP specialist in coordination with the Director of the Early Education Program, and with Ms. Judy Rubin of the Pittsburgh Child Guidance Center. The questionnaire, containing eight questions, was distributed to each teacher and teacher-aide at the end of the academic year to obtain information from them concerning the progress of the class, and concerning the teacher's evaluation of the effectiveness of the techniques involved. It also asked for suggestions toward the advisability of continuing the HDP, as well as for suggestions toward modification and adaptation of the program to the particular needs of the children attending the WPSBC Lower School.

b. Evaluative Information and Comments

(1) Minnesota Teacher Attitude Inventory (See Table 8)

The Inventory was administered once early in the Fall term and once near the end of the Spring term to the five classroom teachers responsible for the five classes of students in the Lower School which participated in the program. These classes are: Kindergarten, Classrooms I, II, and III, and an ungraded class designated as the Balloon Room. It was also administered twice to the teacher-aides working with teachers in Kindergarten, and Classrooms I and II. It was given only once to the

Table 6

Minnesota Teachers Attitude Inventory

Teacher Identification No.	Grade Level	Raw Score Sept. 73 Pre	Raw Score June 74 Post	Norm	Mean	S.D.	Percentile Pre	Percentile Post	Deviation + or - Pre	Deviation + or - Post
9	Special	57	60	247	55.1	36.7	48	50	+1.9	+4.9
7	K	42	57	247	55.1	36.7	30	47	-13.1	+1.9
1	3	56	71	247	55.1	36.7	46	61	+0.9	+15.9
5	2	44	36	247	55.1	36.7	33	25	-11.1	-19.1
3	1	56	42	247	55.1	36.7	46	30	+0.9	-13.1
Aide Identification No.										
2	Special	85	--	247	55.1	36.7	78	--	+29.9	--
10	K	-23	+32	247	55.1	36.7	04	24	-78.1	-23.1
4	3	5	--	247	55.1	36.7	9	--	-50.1	--
6	2	11	19	249	40.1	39.4	22	28	-29.1	-21.1
8	1	-24	-34	247	55.1	36.7	04	03	-79.1	-89.1

teacher-aides working with the children in Balloon Room and Classroom III, because these aides left during the year.

Three classroom teachers improved their raw scores on the MTAI: two teachers scored lower on post-testing than at the beginning of the year. The teacher-aides taking the Inventory both times also exhibited opposite developments: one improved her score radically, by 55 points; the other scored ten points less on post-testing than at the beginning of the year. Of those persons who took the Inventory twice, the maximum score was 57, the minimum -24. The established mean for the applicable norm in both instances is 55.1; standard deviation (SD) from the mean (+ or -_ is 36.7 raw-score points.

The second administration of the MTAI yielded a maximum score of 71 points (as opposed to 56 points in pre-testing of this teacher), and a minimum score of -34 (scored by the same individual with the pre-testing minimum). The minimum score in both cases was achieved by a teacher-aide.

The maximum change in raw score by any of the subjects was +55 points, a teacher-aide who moved from -23 points to +32 points. The maximum change in raw score by a classroom teacher was +15 points, although one changed her score negatively by -14 points, nearly cancelling the improvement shown by the first when calculating results of the group as a whole.

Scores on the first evaluation averaged 29.71 points. This is well within the standard deviation from the established mean. On the second evaluation the average score was 38.42, an increase of 8.71. The table of MTAI results also includes the percentile ranking of each teacher and teacher-aide as given in the MTAI manual. The attempt to calculate a T-score with these results proved unhelpful because the variation was not significant.

The MTAI is designed as a quantitative evaluation of teacher attitudes toward students. The lower scores indicate teacher-domination of the students, authoritarian and disciplinarian attitudes by the teacher, and in general are indices of inferior teaching attitudes and persistent ego-involvement on the part of the teacher. The higher scores are achieved by teachers without serious ego-involvement, who create a social atmosphere in the classroom conducive to enthusiasm, positive feelings, and a sense of personal integrity and responsibility on the part of the students. These characteristics are indicated in the MTAI manual.

Some of the more significant data indicate a correlation between the classroom teacher in Classroom I (teacher #3) and the teacher-aide working with the same students. Teacher #3's score deteriorated by 14 raw-score points, or by 16% in the established percentile ranking. Teacher-aide #8's score deteriorated by 10 raw-score points, or 1% in rank (the raw score, however, was extremely low in pre-testing--minus 24 points--so that the 10 point decrease to -34 points did not decrease her percentile ranking a great deal). No. 8 was teacher-aide for teacher #3.

The only other MTAI scores which indicate a deterioration of attitude by a teacher are those of Teacher #5, which moved from a raw score of 44 points to 36 points, a decrease of 8 points, or -8% in percentile rank. The teacher-aide working with Teacher #5 was #6, who increased her score by 8 points, or 6% in rank.

Of the remaining three teachers, #1, #7, and #9, each increased their raw score. They were responsible for Classroom III, Kindergarten, and Balloon Room, respectively. Scores for the teacher-aides in Classroom III and the Balloon Room are not available for both evaluations (as indicated above). The teacher-aide working with Teacher #7, teacher-aide #10, showed the greatest increase in score:

55 raw-score points, or an increase of 20% in percentile rank. Teacher #7 increased her score by 15 points, or 17% in rank. The correlations here should be obvious.

(2) My Teacher Test (See Table 9)

The test was administered to each testable child twice, once toward the beginning and once toward the end of the year. It is an instrument designed to assess the attitudes of the student toward the teacher; it is intended to be given in conjunction with the MTAI. The test consists of questions to be answered by the child about his teacher, questions are answered by marking places designated "yes", "no", or "?".

The raw score for each classroom increased from the first evaluation to the second. The greatest increase was with the evaluation by the children in the Balloon Room, Teacher #9: from 25.3 to 34.4 mean score, an increase of 36% of the pre-score. The second greatest increase was in Kindergarten, Teacher #7: an increase of 26% over the pre-score. Third greatest increase was with Classroom II, Teacher #5: an increase of 26%. Classroom III, Teacher #1, showed an increase of 18.8%, while Classroom I showed an increase of only 4.2% over the pre-score; this was for Teacher #3.

Since the My Teacher Test serves as an index of the child's feelings about his teacher as well as of the child's observations of teacher behavior in the classroom, it should correlate with the MTAI scores by the teachers through calculation of mean scores. There was adequate correlation between scores achieved on the MTAI by the teachers and the scores received from their students, except in the cases of Teacher #1 and Teacher #5.

(3) The Developmental Profile was completed by the teacher for each student four times over the year, at nine, 18, 27, and 36 weeks after the beginning of the academic year. The teachers rated each child on a scale from zero to ten, in the following areas of affective development:

1. Awareness of self
2. Sensitivity to others
3. Self-confidence
4. Effectiveness
5. Interpersonal comprehension
6. Tolerance

The result is a graph (see appendix) which was to represent the development of each child over the year.

The Developmental Profile did not lend itself to accurate objective assessment of affective maturation. It was not an instrument which enabled the collection of data formulable in quantitative terms. However, the children apparently improved quite steadily over the year in each category of assessment with a few exceptions where children remained the same. It also seems to be an instrument which invites assessment of the child in the context of the affective development of the other students in his class, and so may invite competitive evaluation, an approach antithetical to the intent of the Human Development Program.

The Developmental Profile is presently being evaluated for effectiveness by Bessell and Palomares; other instruments are being designed and studies.

(4) The Expression Flow Chart was intended to be an instrument to record and assess the quantity of utterances by each member of the "magic circle" group. By using vectorial representations it was to reveal the development of affective participation by the children and the maturation of the teacher toward non-directive and nonjudgmental leadership.

The Human Development Program specialist attempted to record one session for each classroom in October, February and June. The first two attempts were unsuccessful, and this evaluative method was discontinued. The presence of the HDP specialist with such an instrument and a pencil for recording the flow of expression seemed to alter the nature of the participation, especially by the teacher. The teacher tended to become more directive and authoritarian

and to be more tense in comparison to other sessions which were observed, led, and participated in by the HDP specialist. It apparently became self-defeating to use the flow chart for recording the teacher's and children's affective development.

(5) The HDP Leader Questionnaire consisted of eight questions. It was distributed to all teachers and teacher-aides working in the program. Each teacher returned the completed questionnaire, but only two of the teacher-aides completed it.

All of the teachers followed the HDP curriculum guides at their grade levels. They noted the following adaptations for the particular needs of their children:

(a) Role playing by members of the circle
(b) Discussions relevant to the children's disabilities and experiences
(c) Use of real and concrete objects
(d) Games which required thinking, doing, and following instructions to reinforce the experience of the affective group dynamics.

New materials or activities were added to some of the classroom sessions (in addition to those suggested by HDP material) such as tape-recording sessions, listing feelings discussed by the students and the teacher, painting and drawing of feelings and including topics directly related to blindness and deafness. Some of the teachers altered the format with success by beginning the session with a story about a child (the age of the participants) experiencing some of the feelings to be focused upon that day.

Each questionnaire indicated that the individual completing it would be willing to be a group leader the next year, although some added qualifications to their assent, such as wishing to be with the same age group again, and modifying the schedule of sessions (having them three times per week instead of five, for example).

The resources recommended for next year were much the same as were available throughout this one: HDP Level Guides; topics evolving from classroom experiences so as to integrate affective and cognitive development; and individual "talk times" with students.

Comments in answer to the question about the "most positive features of the program" included:

1. "The social interaction and pleasure which the children derived and enjoyed. The time we spent in this activity was one of the most popular features of the day."
2. "The increased number of questions that the children asked of the others, the growing sophistication of their judgments, the cross examinations, the feeling of responsibility of group leadership. Toward the end I thought I noticed better listening habits."
3. "Children having freedom to express and share inner feelings--hostility, fears, anger, pleasant feelings, hates, likes, etc."
4. "The most positive feature by far is that students learned to listen to their peers and to respond to what was said in an orderly way."
5. "1. The ability of the students to express their feelings freely and spontaneously. 2. Carry-over from circle time to other classroom experiences. 3. Ability of students to recognize their feelings, the feelings of other students and their behavioral effects on others. 4. Because students were more spontaneous in expressing their feelings, many tantrums, upsets, and problem situations were avoided. Verbal expression and discussions helped to solve problems."

Comments about negative aspects of the program included:

1. Subjects were too repetitive
2. Children with behavioral problems became negative leaders
3. Daily sessions were undesirable

The summarization of the questionnaire indicated attitudes toward the program which were favorable to its continuance but with adaptations and fewer sessions.

3. Elimination of gaps or weaknesses

Although it was not possible to do a statistical analysis of the test results because of the small population and the many variables, the implementation of the objective appeared meaningful.

Teachers and teacher-aides wished to continue implementing the objectives of the Human Development Program in their classrooms during the next year. However, they saw a need to adapt the materials and utilize other resources for visually handicapped children.

Observations of the children involved in peer and adult relationships revealed that a majority of them were more aware of their feelings and the feelings of others. There was evidence of more willing participation in classroom social activities and more positive social interaction during extended day activities.

The assessment data provided objective information for the director to utilize in evaluating teacher and teacher-aide attitudes toward the children. The content of the evaluative instruments provided guidelines for giving in-service suggestions to some of the staff members.

C. To alleviate specific learning and behavioral problems for children with unusual management and academic problems.

1. Implementation procedures

Seven children participated in a special classroom program designed to diagnose and remediate their complex learning and behavioral problems. Three of the children had participated in the special room in previous projects, the other four had been unable to meet academic and management demands in regular classrooms during 1972-73.

Each child was individually instructed and involved in group activities by the teacher and teacher aide according to his or her unique characteristics and functioning level. The general classroom program was adapted from open classroom techniques. Stimulation to learn was enhanced by academic games, opportunities to learn through discovery, experimental activities at concrete and semi-concrete levels and field trips.

Each child was observed to determine what was most rewarding to him or to her. The children advanced from candy to token rewards and then to social reinforcers.

The classroom staff encouraged open communication for each child to express his fears and find appropriate ways to deal with anger. Often the children needed help in solving problems related to the difference between reality and fantasy. Every effort was made to provide a secure and accepting atmosphere for the children.

The children and staff participated in the activities and evaluations organized for the implementation of Objective B. The Human Development Program Level B was used for topic guidelines as well as topics which originated from the children's family problems and personal and classroom experiences. For example, several of the topics which were indirectly suggested by the children for circle times were:

a. What kind of Mom or Dad would you like to be?

b. Things our parents do we do not like.

c. Sportsmanship in school

d. What it is like to be blind

e. How to make friends with others

Role playing and other dramatic experiences were particularly valuable for all the children, especially for those who had difficulty verbalizing their ideas.

2. Summaries of pre- and post-data

a. The Adaptive Behavior Scale of the American Association on Mental Deficiency for children 3-12 years old provided the most objective evaluative data. Part I assessed the children's skills and habits in the following ten behavior domains:

(1) Independent Functioning
(2) Physical Development
(3) Economic Activity
(4) Language Development
(5) Number and Time Concept
(6) Occupation - Domestic
(7) Occupation - General
(8) Self-Direction
(9) Responsibilities
(10) Socialization

Part II provided measures of maladaptive behavior related to personality and behavior disorders. Part II consists of the following fourteen domains:

(1) Violent and Destructive Behavior
(2) Antisocial Behavior
(3) Rebellious Behavior
(4) Untrustworthy Behavior
(5) Withdrawal
(6) Stereotyped Behavior and Odd Mannerisms
(7) Inappropriate Interpersonal Manners
(8) Inappropriate Vocal Habits
(9) Unacceptable or Eccentric Habits
(10) Self-Abusive Behavior
(11) Hyperactive Tendencies
(12) Sexually Aberrant Behavior
(13) Psychological Disturbances
(14) Use of Medications

Each child was scored according to what he or she did the majority of the time and without reminders. Many of the scale items were analyzed into smaller tasks for teaching purposes. Each child was evaluated in terms of the number of tasks he learned to accomplish independently or in terms of a lower number of maladaptive behaviors. All of the children improved according to the scale. See Table 10.

b. The Developmental Profiles of the Human Development Program indicated overall improvements for each child consistent with the data from the Adaptive Behavior Scale discussed above.

c. As stated in the proposal, the following resources would be partially utilized, where appropriate, for additional pre- and post-information:

(1) Teacher Diagnosis of Educational Difficulties by Robert H. Smith and The Slow Learner in the Classroom by Newell C. Kephart were used as resources to develop a gross and fine motor scale. See Appendix for a sample page of the scale. The reference books were used also to develop informal phonic surveys and reading skill assessments to locate base level data for each child. These resources provided suggestions for activities and simple tasks for helping the children achieve objectives on the Primary Reading Checklist developed under Objective F.

(2) The Structure of the Intellect--Its Interpretation and Uses by Mary Nacol Mecher was used in conjunction with The Remediation of Learning Disabilities by Robert E. Valett to perform task analyses and to link the child's strength area with an area of weakness. For example, to develop memory of words and phrases, visual, auditory and/or tactile reinforcements were used to present isolated word units and then as the words were mastered, word phrases were introduced. Many concrete examples or preceptions were necessary in order to divide task material into simple/single problem solving processes and then link them together into a concept the child could master.

Table 7

MY TEACHER TEST

Student Identification No.	Raw Scores Sept., 1973 PRE	June, 1974 POST	GAIN OR LOSS
Classroom - Kindergarten			
Teacher #7			
39	26	33	+7
48	25	39	+14
50	Not Testable	Not Testable	-
59	Not Testable	Not Testable	-
51	21	28	+7
* P	28	34	+6
* P	31	39	+8
* P	38	40	+2
Classroom 1			
Teacher #3			
52	40	30	-10
* P	40	42	+2
* P	38	43	+5
* P	33	44	+11
* P	43	45	+2
* P	40	37	-3
* P	31	35	+4
Classroom 2			
Teacher #5			
49	23	31	+8
* P	37	39	+2
* P	38	43	+5
* P	27	31	+4
* P	27	32	+5
* P	32	42	+10
* P	21	34	+13

* P Primary students not listed in population chart

MY TEACHER TEST

Student Identification No.	Raw Scores Sept., 1973 PRE	June, 1974 POST	GAIN OR LOSS
Classroom 3 Teacher #1			
47	41	46	+5
* P	31	46	+15
* P	45	38	-7
* P	21	39	+18
* P	34	41	+7
* P	40	48	+8
* P	29	37	+8
* P	41	47	+6
* P	44	46	+2
Special Classroom described in Objective C Teacher #9			
37	Not Testable	Not Testable	-
40	34	38	+4
41	24	32	+8
42	34	36	+2
43	16	28	+12
44	15	26	+11
45	25	39	+14
46	29	39	+10

Table 7 (Cont.)

MY TEACHER TEST

Score Summaries

Classroom	No. of students testable	Mean Scores Sept., 1973 PRE	Mean Scores June, 1974 POST	Gain or Loss	Increase by Percentage of Pre Score
Kindergarten	6	28.2	35.5	+7.3	26%
Classroom 1	7	37.8	39.4	+1.6	4.2%
Classroom 2	8	30.0	37.0	+7.0	23.3%
Classroom 3	9	36.2	43.0	+6.8	18.8%
Special Classroom	7	25.3	34.4	+9.1	36%

TABLE 8

ADAPTIVE BEHAVIOR SCALE

Part I Score Comparisons

Student Number	September, 1972	June, 1973	June, 1974	Gain or Loss 1972-1973	Gain or Loss 1973-1974	Gain or Loss 1972-1974
41	151	210	234	+59	+24	+81
45	128	210	225	+82	+15	+97
46	169	244	237	+75	-7	+68
		Fall, 1973	June, 1974			
44		215	259		+44	
40		204	235		+31	
43		169	201		+32	
42		240	256		+16	

TABLE 8 - Continued

Part II A decreased score indicates less maladaptive behavior

Student Number	September, 1972	June, 1973	June, 1974	Gain or Loss 1972-1973	Gain or Loss 1973-1974	Gain or Loss 1972-1974
41	91	44	34	+47	+10	+57
45	100	68	69	+32	-1	+31
46	85	75	74	+10	+1	+11
		Fall, 1973	June, 1974			
44		27	19		+8	
40		43	26		+17	
43		86	58		+28	
42		115	84		+31	

(3) Videotape recordings were taken periodically. They depict examples of the children's involvement and accomplishments in the various aspects of the program.

d. Observed negative behavior unique to a particular child was recorded and charted to determine pre- and post-data concerning a period of instructional time to change the negative to appropriate behavior or extinguish it. For example, probe charts were utilized to state the goals, the conditions, recording dates and times, rates of behavior and tabulations of the results. Behaviors such as using a loud annoying voice in verbal interaction with adults and peers instead of a conversational tone, tapping parts of the body with objects due to anxious feelings instead of talking and problem solving about the feelings, eye poking, finger sucking and interrupting lesson times with inappropriate questions were lessened but not extinguished. A sample probe is included in the Appendix. Student teachers and volunteers were helpful in recording the behaviors during lesson and free play times.

3. Elimination of gaps or weaknesses in the program.

Children who previously would not have been admitted to the school because of their unusual management problems or would have been placed in ungraded classes for the retarded responded to learning opportunities. The children were relaxed and cooperative in the supportive atmosphere of the classroom. An advancement was made by all the children in acquiring the ability to verbalize their feelings instead of acting out physically, withdrawing, or having a temper tantrum. Improved behavior and appropriate socialization skills carried over beyond the special classroom to other school activities. Although the children were functioning at retarded levels of development they all made preacademic or academic gains from their base line levels in educational relevant areas.

During administrative planning for 1974-75, this special classroom population and staff was included as part of the general school procedures. The room was moved from behind the lunch room

on the first floor to the second floor and became one of four non-graded primary level classrooms. The children were at a closer proximity for integration into regular classroom activities with other children. At their request, the teachers' schedules included lessons for the low functioning children as well as for those functioning at normal and above normal levels. The special classroom should be a prototype for a series of classrooms for such complex children from the primary to high school levels at WPSBC with an emphasis on teaching socialization, self-care and basic work skills.

D. To provide speech therapy for multiple handicapped children with speech difficulties. This section of the report was written by Carol Wiegle, speech therapist.

1. Implementation procedures

A caseload of 20 children was scheduled for therapy sessions beginning in September. Nine of the children had received speech therapy in 1972-73. Staff members referred the additional 11 children.

Sessions were conducted individually and in small groups for approximately 25 minutes each. Children were seen on a regular weekly schedule based on the severity of their disorders. All of the children received at least one 25-minute session a week.

Communication disorders included articulation, dysfluency, voice problems, and delayed speech and language. Articulation difficulties were the highest incidence areas. Nine of the children had multiple communicative disorders.

Mr. Larry Bloom, director of the Speech Clinic at Children's Hospital of Pittsburgh, consulted with the speech therapist and made recommendations concerning the various problems. As a result, several children were referred for additional diagnostic evaluations at the Speech Clinic of Children's Hospital. One student, #54, was referred to the clinic for voice therapy. His program began in April, 1974.

Two students were continued at the Dental Clinic of the University of Pittsburgh for oral analomy disorders.

During the year, students who progressed were dismissed from therapy and students, previously on the waiting list, were scheduled.

2. Summaries of pre- and post-data:

An articulation test derived from the Arizona Articulation Proficiency Scale was administered to each child to obtain numerical data on articulation disorders. In addition, each child received a complete oral evaluation and evaluation of vocal qualities. A language sample was also recorded for each child. Diagnostic results were recorded on a record form

adapted for this program (See Appendix).

When indicated, one or more of the following standardized language and developmental tests was administered for further evaluative information depending on the specific characteristics or learning modes of the child:

a. Illinois Test of Psycholinguistic Abilities (ITPA)
b. Peabody Picture Vocabulary Test (if the child has useful vision)
c. Communicative Evaluation Chart from Infancy to Five Years compiled by Ruth Anderson, Madeline Miles and Patricia Matheny
d. Parson Language Sample
e. REP Language Scale developed by Michael D'Asaro and Vera John
f. Communication section of the Developmental Checklist designed by Verna Hart

Specific goals and objectives, both long and short range, were written for each child. Periodic evaluations and analyses of these goals were undertaken with the therapist, teachers, director and supportive staff. Post-data was collected in June, 1974 for each child. The same articulation test was administered. Results are charted in Tables 4, 5, 6. Individual progress reports were written for each child. See sample in Appendix.

3. Elimination of gaps or weaknesses in the program

Pre- and post-data indicated that through intensive speech therapy programs children's communicative disorders were corrected or lessened in degree.

Parent involvement in the speech therapy program was an important factor. Parents were encouraged to observe their children during therapy sessions and they were given suggestions for continuing therapy at home.

Teacher/therapist staffings were conducted to carryover the speech and language objectives for each child into the classroom program.

Table 9

Arizona Articulation Proficiency Scale Results

Child	Sept., 1973 Pre-Score	June, 1974 Post-Scores	Gain or Loss	Comments
Lower School Students				
49	78	93.5	15.5	Sibilant distortion due to missing teeth
47	91	100	9	Carry-over inconsistent
52	69	84	15	Organic motor dysfunction delayed speech & language
48	62	93.5	31.5	Delayed speech greatly improved
51	71.5	78.5	7.0	Tactile defensive. Fricative, plosives, & labials effected
40	66.5	75	8.5	Organic motor dysfunction
42	90.5	94	3.5	Sibilant distortion
46	56	61	5	Severe organic motor dysfunction
41	87	99.5	12.5	Carryover was good with mild inconsistencies
Upper School Students				
56	85	92	7	Voice disorder, medical problems in oral-facial area
54	80	93.5	13.5	Severe voice disorder
55	91	99	8+	Slow, laborious rate

Interpretation of Scores:

95-100	Sound errors are occasionally noticed in continuous speech.
85-94	Speech is intelligible although noticeably defective.
70-84	Speech is intelligible with careful listening.
60-69	Speech intelligibility is difficult.
45-59	Speech usually is unintelligible.
0-44	Speech is unintelligible.

Table 10

Progress Chart for Communicative Disorders

Child	Disorder	Testing & Progress	Comments
Lower School Children			
52	Delayed speech and language. Grammatic difficulties.	I.T.P.A. Grammatic Closure Subtest: S.S. 9/73 - 18 6/74 - 38	Excellent carryover of concrete language forms. Greatly improved intelligibility.
45	Language disorders disnomia, vocabulary auditory & visual memory problems. Undetermined retardation.	P.P.V.T. - MA 8.7 I.T.P.A. P.L.A. - 6.5 C.A. - 10.5	Began therapy, 3/74, 2 times a week, will be continued next year. Auditory and visual memory increase noted.
53	Rubella Syndrome. Delayed speech & lang. Echolaic responses, limited spontaneous speech. Possible C.N.S. & auditory impairment.	Dr. Verna Hart- Developmental checklist Communications level 18-24 mo.	Began therapy 4 times a week in 4/74 when he entered school. Evaluation sessions showed potential for improvement
7	Delayed speech & language. Non-verbal-9/73	Began verbalizing 10/73 and is now progressing on developmental sequence. Functioning level 18-24 mo. Communication chart Anderson, Miles & Mathey.	Seen once a week for stimulation and evaluation. Consultation with staff.
50	Severe delayed speech & lang., developmental retardation, neurological dysfunction	Developmental Checklist. Comm. functioning level 8-12 mo. V. Hart Other areas 12-14 mo. made approx. 6-8 mo. progress developmentally.	Seen 5 times a week. Evaluated at Developmental Clinic, Children's Hospital.
17	Delayed speech & lang. Echolaic	Eval. 11/73. He was beginning to explore oral-facial areas. Good response to stimulation, for early developing sounds. Higher frequency of babbled sounds were noted by the end of the year.	Therapist consulted with staff on periodic basis.

Table 10 (Cont.)

Progress Chart for Communicative Disorders

Child	Disorder	Testing & Progress	Comments
Upper School Students			
58	Reading problem Dysfluent speech pattern. Prolonged blocks. Congenital oral and facial anomalies. Mild articulation disorder.	Stuttered words per minute 9/73-reading 9.4 conversation 2.0 6/74-reading .7 conversation .2 Now able to control and release hard, initial blocks. Reading problem still evident.	Poor motivation for therapy. Being operated on to correct cosmetic problems in the summer of 1974.
51	Dysfluency rate and rhythm problem. Recall of words-poor. In special class for retarded children.	He was able to maintain rate control. More fluent conversational speech, with some carryover noted by the end of the year.	His work needs to be concrete, meaningful levels.
56	Articulation disorder, voice disorder (hypernasal) medical problems in oral-facial areas mild-moderate monaural hearing loss.	Minimum improvement. She was able to maintain non-nasal speech on a word level by the end of the year.	Missed much therapy time due to chronic pain in facial area. Psychological referral was made.
54	Severe voice problem (pitch). Mild articulation problem. In special class for retarded children.	He was able to achieve and control pitch at word level by the end of the year.	Referred to Mr. Bloom for diagnostic evaluation and continued therapy. April, 1974. No organic problems were diagnosed. Continued speech therapy and therapy for psychological problems were recommended.

When necessary, referrals were made to supportive agencies who worked with the children's families, and a close liaison was developed over the year to maintain consistent programming at home and at school. Several children were recommended for area summer programs to continue the therapy process.

A speech and language improvement program was proposed at a kindergarten level but due to scheduling difficulties, was implemented only on a small group basis in the therapy room rather than in the classroom. Three children were seen for this program. An expansion of this speech development and improvement program at an early educational level was recommended for next year.

E. To continue and expand educational and guidance opportunities for parents.

1. Implementation procedures

The following Sunday evening parent meetings were conducted during the year:

a. September - Parents discussed ideas for the Primary curriculum.

b. October - General PTO meeting. An Orientation and Mobility program was presented by Mr. Robert Hughes, Miss Audrey Smith and Mr. Raymond McClintock.

c. November - Open House

d. December - General PTO Meeting. Upper School presentation of "Amahl and the Night Visitors."

e. January - Informal discussion group for parents of children in Early Education programs.

f. February - Mrs. Rae Nell Berreckman discussed the Primary and Kindergarten Human Development Program. Parents participated in a Magic Circle.

g. March - General PTO Meeting. A demonstration of features of the Physical Education and Recreational programs was presented by Mrs. Geraldine Caputo and Mr. Thomas Greaser, teachers, and Mr. Charles Boalo, recreational director.

h. April - A display and demonstration of games visually handicapped children and their families can enjoy was presented by Mrs. Norma Duda and Mrs. Jane Erin, primary teachers.

i. May - General PTO. Carnival and Picnic.

Mr. Haskell Hollander, psychiatric social worker, and the director were available at these meetings either as group leaders for discussion oriented meetings or for individual parent conferences after general Parent Teacher Organization (PTO) meetings.

An informal parent discussion group was organized to meet Monday mornings with Kathleen Holmberg, coordinator of the Child Consultation and Education Unit of the Western Psychiatric Institute Clinic's Community Mental Health/Mental Retardation

Unit. Mrs. Holmberg was experienced in leading workshops in parent effectiveness training, parent-child communications, use of behavior modification techniques and other such educational and mental health areas. An average of ten parents attended the weekly meetings. The parents were not only involved in the discussion group but were actively involved in the General Parent Teacher Organization.

Individual staff parent/staff conferences were conducted throughout the year whenever possible. The new non-graded primary approach was explained in terms meaningful to each parent and child. Specific tasks from the child's program were given to the parents to help the child learn to master at home. It was helpful when the parents evaluated their child's progress at home.

2. Summary of pre- and post-data:

Parents were requested to complete a post-program questionnaire the end of May, 1974 to evaluate the parent program and make suggestions for 1974-75. (See Appendix). The questionnaires were placed in the suitcases of residential students and handed to parents of day students when they took their children home. Only nine out of 50 were returned. These questionnaires contained positive replies and suggestions.

The following is a list of activities selected by five or more parents:

Eight parents requested another Open House.

Six parents requested programs conducted by students.

Six parents desired check lists of daily living skills.

Five parents requested staff presentations.

Five parents requested small group discussions.

Five parents found classroom visitations helpful.

Eight parents offered to bake cookies for Early Education meetings.

The following suggestions were made:

a. To continue having professional pictures taken of each student which parents can purchase.

b. To provide a list of activities parents can follow during the summer to help their children.

c. To provide more toys for the children in the Multi-Purpose Room.

Mr. Hollander, social worker consultant, made the following evaluative statements in his 1973-74 report of the Early Education Parent Program.

> Again this past year the Early Education Program showed a tremendously productive year. And again full credit goes to Dr. Janet G. Klineman who pioneered the program, and guided the program thru another phase of growth and development.
>
> As Social Work Consultant I worked with the Parent Group in the planning and implementation of six Sunday evening programs which proved to be most educational and rewarding to those who attended. The parents have stated time and again that they look forward to the parents meetings as a means of relating their personal problems in an integrated way with the development of their children in the school setting. The continuation of the parents meetings therefore is a necessity since it is really an essential part of the school program. It is an extension of the school itself when parents are involved in a planning process and this brings them closer to the various facets of the Early Education Program.
>
> As an added dimension of service, the social work consultant worked directly with two mothers whom he involved in ongoing counselling for a total of 10 sessions. The purpose of these sessions was to provide supportive services to the two parents, both new to the Pittsburgh community, in helping them to make an adequate adjustment for themselves and their families.
>
> . . .
>
> The meetings served as a common ground for teacher and parent to discover in each other strengths to carry the program forward. Thus, there was a real interest in the discussions and participation was both intense and meaningful. As new ideas were presented, as new concepts were explored, a new found hope was expressed by the parents, that solidified and unified the members of the group. With the Early Education Program entering yet another phase in 1974-75, the need for continued close contact between the school and parents is most necessary. The Parent Group has served a most useful purpose in the past and because of the dedication of the members of the group will continue to do so in the future.

3. Elimination of gaps and weaknesses

A small group of parents were actively involved in parent programs and interested in specifics about their children's programs. They were a dedicated group and appeared to appreciate the in-depth nature of the activities and the opportunities to learn about the various processes of education. They formed a nucleus from which the parent program will move forward. They also contributed to the school operation by escorting children to doctor appointments and helping with clerical work.

Individual parent conferences were important in helping parents develop a consistent approach at home and at school for their children.

The Sunday afternoon PTO Carnival and Picnic was the most successful activity in terms of attendance and participation of families and staff.

F. To implement and evaluate the first draft of a written primary school behaviorally oriented curriculum for visually handicapped and multipl handicapped children.

1. Implementation procedures

The following teachers and aides used and evaluated the first draft of the primary curriculum and developed new sections as part of their classroom procedures during the year:

Classroom 1

Mrs. Jane Erin, Teacher

Mrs. Phylis Price, Teacher Aide

Classroom 2

Mrs. Irene Jewett, Teacher

Mrs. Linda Johnston, Teacher Aide

Classroom 3

Mrs. Norma Duda

Mrs. Dorothy Dobrinski

Classroom 4

Mrs. Debbie Schmidt, Teacher

Mrs. Miller, Miss Appel, Teacher Aides

Staff meetings were held with the director at least twice a month to discuss aspects of the primary curriculum.

2. Summaries of pre- and post-data:

Formulative evaluation procedures were utilized throughout the year. Staff members periodically discussed areas for improvement, recording methods, criteria for mastery of tasks, and the non-graded program concept at meetings with the director.

Progress reports, which were written for the parents and school records in November, March and June, provided formative evaluations of the curriculum's practical use.

The philosophy, goals and objectives were formulated as part of a total school effort in organizing a curriculum guide for the school. The description of the primary non-graded program and the instructional plans for implementing the program were written as the concept evolved and procedures were revised or new ones added.

Parents reviewed the early drafts of the curriculum and gained knowledge about specific tasks their children were expected to accomplish.

A copy of the primary curriculum is presented as an addendum to this report for the summative evaluation. The staff's positive and conscientious involvement in its development is to be highly commended. The curriculum will be used and further evaluated in 1974-75. It will be submitted to Upper School administrators for coordination with a curriculum to be developed for children beyond primary levels.

3. Elimination of gaps or weaknesses in the program

Before work was started to write a primary curriculum to implement an objective of the 1972-73 Title I Child Development Project, teachers only had a list of subjects and content areas previously taught at their grade levels as a guide for instruction. Previously teachers met when necessary to solve problems or plan activities but without a planned sequence or structure. The written primary curriculum guide represents the efforts of teachers and aides working together with specific plans to improve their teaching and evaluation procedures. The work involved provided opportunities for constructive communications among the staff on a regular basis.

The WPSBC primary curriculum guide partially fulfills the Department of Education's requirement that each school have a written curriculum. Work has been started in writing tasks to extend it to pre-primary levels. The primary guide should be an impetus for its further development beyond the primary level in the Upper School.

The primary curriculum guide includes the school's philosophy, a statement of goals and a list of general objectives for consistent implementation by the staff and for parent information. The non-graded primary program and instructional methods are explained. Behaviorally oriented specific objectives or tasks are listed in checklist form for each major educational area. The tasks are written in sequential order of difficulty within an approximate range from advanced kindergarten to the top of

third grade. A grid was organized for recording each child's progress and from which a secretary could type a particular child's specific task accomplishments at any point in time.

The behaviorally oriented checklists now provide an instrument for:

a. Assessing each child's performance in educationally relevant areas.
b. Writing instructional programs for each child based on his or her assessment information.
c. Determining each child's progress over an extended period of time for parent reports and school records.
d. Writing objectives at levels sequentially beyond the primary level.

The curriculum guide is a working document that can be easily changed or revised. It provides a structure for the primary program and yet allows for creativity and ingenuity on the part of each teacher and aide in organizing materials and planning activities for teaching each child according to his or her unique characteristics. Each teacher has specified criteria for determining mastery of the tasks at the various primary levels and includes the criteria with the master check lists for his or her level. A future goal for further developing the curricculum is to list from the many available, the most adaptable and suitable materials and activities for primary visually handicapped children.

G. To increase prevocational orientation experiences for primary school children.

1. Implementation procedures

A checklist of prevocational tasks was written by staff members as a systematized plan for introducing prevocational experiences and for evaluating the children's performance of the tasks. The checklist is written in the same format as the other checklists of the non-graded primary curriculum. It was utilized and evaluated by the staff as the rest of the curriculum guide discussed under Objective F.

2. Summary of pre- and post-data:

The prevocational checklist is included in the summative evaluation for Objective F. Staff members completed evaluations of field trips which were organized to expose the children to various occupational and work situations. Teachers planned pre- and post-classroom activities around the following kinds of field trips:

Zoo
Circus
Park
Fire Station
Shoemaker
Univ. of Pittsburgh Nationality Rooms
Tiny Tots Concert
Carnegie Museum
Farm
Shhenley Park Nature Museum
Incline
Buhl Planetarium
Airport

Mr. Dennis Huber, Director of Social Services at the Pittsburgh Blind Association and also involved in the agencies' extended services, participated as a consultant in the formulative evaluations.

He observed children's prevocational activities and met with staff members. He studied the prevocational checklist and field trip evaluations.

The following letter states Mr. Huber's reaction to the implementation of the above objective:

I have reviewed the material relevant to the Child Development Project, including the Primary Curriculum Prevocational Checklist and the Field Trip Evaluations. The material seems to indicate that the students can and are benefiting from the systematic approach that you have taken.

In meeting with your staff, I have been impressed not only with their expertise but also with their positive reactions to my observations.

As we have discussed previously, new approaches should be investigated. However, I believe that we are moving in the right direction. The student responses to the field trips certainly indicate that this phase of your program has met its objective.

I am looking forward to the date that we can also implement our discussion regarding Low Vision Aids; this will certainly be necessary in any vocational objective.

Thank you for including me in your project. Please contact me if I may be of further service.

3. Elimination of gaps and weaknesses

The inclusion of prevocational tasks was an important area for the non-graded primary curriculum. All of the children were exposed to the world of work activities and were involved in specific work experiences and responsibilities at their levels of development. The children were rewarded for completion of prevocational tasks and hopefully gained positive attitudes toward work responsibilities in the classroom and dormitory.

Observations and practical experiences off-campus were discussed in detail and/or followed through with classroom activities after field trips. These experiences seemed to provide practical introductions toward future vocational opportunities for the children. The checklist gave parents specific tasks their children could perform at home and encouraged the parents to think ahead toward helping their children be more independent.

It is hoped that prevocational guidelines at the primary level will be a first step toward the development of systematic vocational education programs at Upper School levels.

V TITLE I PROJECT STAFF

Project Director

Janet G. Klineman, Ph.D.

Graduate of University of Pittsburgh programs for teaching the visually handicapped at the master and doctoral levels.

Experience:

Part-time teacher at Western Pennsylvania School for Blind Children (WPSBC) 1961-62; sixth grade teacher at the School, September, 1962 - June, 1967.

Research and study concerning visually impaired multiply handicapped children, 1968.

Project Director for Title I projects for multiply handicapped blind children, July 1969, 1969-70, 1970-71, summer 1971, 1971-72, 1972-73, 1973-74.

Project Director Title VI-C for deaf-blind children 1972-73, 1973-74.

Teacher - Human Development Program (Objective 2)

RheNell Berreckman, B.A.

Graduate of Stephen F. Austin State University, Nacogdoches, Texas. Degree in Speech and Communications and teacher certification.

Thirty-six semester hours, Graduate School Speech and Communications Department Louisiana State University, Baton Rouge, Louisiana.

Certified to work with children and adults in the Human Development Program August, 1973.

Experience:

Certified Orientation and Mobility Specialist, Greater Pittsburgh Guild for the Blind, 1971-72.

Orientation and Mobility Instructor at WPSBC, 1972-73 full-time, 1973-74 part-time.

Human Development Specialist at WPSBC 1973-74 part-time.

Teacher (Objective 3)

Debra Schmidt, B.A.

Graduate of Syracuse University School of Special Education and Rehabilitation. New York State Teaching Certificate K-12.

Experience:

Tutorial program for minority students, 1972-73.

Elmcrest Children's Center, Syracuse, New York,1972.

Primary School teacher at WPSBC, 1973-74.

Teacher--Speech Therapist (Objective 4)

Carol Wiegle, M.S.

Graduate Trenton State College master's program for Speech Pathology and Audiology.

Experience:

Teacher of the deaf, Woodbridge Township School District, Woodbridge, New Jersey, 1969.

Speech clinician, Montgomery County Intermediate Unit, Pennsylvania, 1969-73.

Speech therapist, WPSBC, 1973-74 part-time teacher of low functioning deaf-blind children at WPSBC 1973-74 part-time.

Child Care Worker (Objective 3)

William Kegg, M.S. in Education

Graduate Duquesne University Graduate Federal Work-Study Program in Counseling.

Experience:

Boy Scout Leader

Child care worker for visually impaired children with complex learning and behavior problems at WPSBC, 1971-72, 1972-73, 1973-74.

Child Care Worker (Objective 1)

Dorthea Gleason, B.A.

Graduate of the University of Pittsburgh Child Development and Child Care Program.

Practicum Experiences:

Shadylane Elementary School

Idlewood Children's Center

Home for Crippled Children

Western Pennsylvania School for Blind Children

Experience:

Child Care Worker at WPSBC, January - June, 1974

Child Care Worker (Objective 1)

Claire Hagan, A.A.

Graduate of Allegheny Community College Associate Program in Child Development and Child Care.

Practicum Experiences:

Arsenal Family and Children's Center

St. Peter's Child Development Center for Retarded Children

Western Pennsylvania School for Blind Children

Experience:

Child Care Worker at WPSBC, 1973-74.

Child Care Worker (Objective 1)

Richard Kelly, B.S.

Graduate of the University of Pittsburgh Psychology Program.

Experience:

Volunteer at WPSBC, 1972-73

Child Care Worker at WPSBC, January - June, 1974

Child Care Worker (Objective 1)

Mary Steel, B.S.

Graduate of University of Pittsburgh Child Development and Child Care Program

Practicum Experiences:

Morewood Nursery School

St. John's Elementary School

Children's Hospital

Experience:

Child Care Worker at WPSBC, 1973-74

Consultants

Haskell Hollander, A.C.S.W.
Psychiatric Social Worker

Dennis Huber, M.S.W.
Director of Social Service, Pennsylvania Association for the Blind

William Marchl, M.D.
Child Psychiatrist

Judith Rubin, M.A.
Art Therapist, Pittsburgh Child Guidance Center

Educational Evaluations

Jeanne Chuman, M.Ed.

Graduate of the University of Pittsburgh
Special Education and Rehabilitation Program.

Ron Ogrodnik, M.Ed.

Doctoral Candidate, University of Pittsburgh
Program in Educational Counseling.

Videotape Recording

William Morgan

VI. SUMMARY AND CONCLUSION

The implementation and evaluation procedures of seven direct services for further developing and improving early education programs for young visually handicapped and multiple handicapped children at Western Pennsylvania School for Blind Children during 1973-74 were fulfilled. Plans are being made for implementing early education programs initiated in this project on the new third floor of the Early Education Building which should be completed in the fall of 1974. This new space will function as an Evaluation and Developmental Center for young preacademic children. Children will be evaluated over extended periods of time and their responses to play and learning opportunities will be compiled to determine possible future placements. The goal will be to help each child's growth and development advance to primary and early academic levels.

The developmental and social progress of eight young children who participated in a nursery program this year indicated the value of their participation in part-time activities at WPSBC in 1972-73. Early education advantages provided for the 10 toddlers and 12 very young visually impaired children may prevent the various developmental delays and complex learning and behavioral problems the School has observed when children were previously seen for admittance at the ages of five or six. Case study data and video tape recordings indicate the progress achieved by seven of eight multiple handicapped children. Without federal funds to provide child care workers to implement highly individualized programs for these children, the children could not have been admitted to the School.

Sixteen visually impaired children were evaluated and the findings were interpreted for their parents and for professional agencies also concerned. WPSBC staff acted as resource people in helping to develop visual and tactile programs if the children were involved in programs for other handicapping conditions.

The introduction of the Human Development Program appeared to be a meaningful addition to the non-graded primary classroom activities.

There was evidence of improved peer and adult relationships and a greater awareness of self-feelings and feelings of others. Staff members wish to continue implementing the objectives of the Human Development Program but see the need to adapt the materials and add new kinds for visually handicapped children.

Three children who had responded to one-to-one programs in previous Child Development Projects and four children who were unable to meet academic and management demands in regular classrooms during 1972-73 responded to learning opportunities in a specially designed program and classroom. The special classroom was accepted as a part of the general school procedures for 1974-75. It was moved to a more advantageous area of the early education building which will provide more opportunities for the children's integration into regular classroom activities, when feasible.

Pre- and post-data indicated that through intensive speech therapy programs 20 children's communicative disorders were corrected or lessened in degree.

A small group of parents were actively involved in parent and school affairs. They made a variety of contributions and stated positive reactions to parent/staff relationships. Individual conferences appeared to be most meaningful in helping parents develop a consistent approach for their children at home and at school. The most popular social activity was a Sunday afternoon Carnival and Picnic for families and staff members.

The written primary curriculum provides a guideline for instruction and evaluation and yet allows freedom for creative and varied forms of teaching and learning methods. It represents the efforts of teachers and aides working together with specific plans to improve their teaching and evaluation procedures. The inclusion of prevocational tasks was an important contribution to the non-graded primary curriculum. Children of all functioning levels were exposed to the world of work and encouraged to perform work experiences at the primary level. It is hoped that the curriculum will be a step toward the development of systematic procedures for developing programs and evaluating them, both academic and vocational, at Upper School levels.

It is recommended that procedures used in the Child Development Projects at WPSBC be replicated with other visually handicapped children in other residential schools and be investigated for use in day schools. Residential schools should play an important role in the early education of visually impaired children and multiple handicapped children. Early intervention should begin as soon as a child is diagnosed as deviating from normal.

APPENDIX A

Case Study Information

CHILD: #59
B.D.: 5/27/65

Diagnostic and Background Information

Visual: Useful residual vision, 5/200 right eye; severe amblyopia left eye; wears myopic corrective lenses. Diagnosis: optic atrophy. Most recent examination October, 1972, by Dr. David Hiles.

Auditory: Pure tone signals could not be tested because she was unable to give a reliable response to the signals. However, the test findings, although incomplete, indicated essentially normal hearing bilaterally. Assessment at Eye and Ear Hospital November, 1972.

Physical: Spastic quadriplegia--her left side is more involved that her right. She is ambulatory.

Psychological: At the chronological age of 6 years 11 months she attained a social age of 3 years 1 month on the Maxfield-Buchholz Scale of Social Maturity with an occupational therapy activity aide as informant. Her lowest scores were in the areas of self-help and locomotion, and her best performances were in the areas of socialization and communication.

Also, at the chronological age of 6 years 11 months, on the Hayes-Binet Intelligence Scale for the Blind she achieved scattered successes up to the 4 year 6 month level.

It was noted that she was a demanding child who threw temper tantrums when she did not receive attention or obtain her way. During the one-half hour session with the psychologist in April, 1972, she remained cooperative but was highly distractible in spite of the fact that she was in an isolated room. She showed a great deal of curiosity about test items. The majority of her speech was appropriate. Often, however, she appeared echolalic.

Permanent placement was established at Western State School and Hospital April 21, 1969. F. was described then as a three year old severely retarded microcephalic child with a visual handicap, the extent undetermined. During the three-year period from 1969-1972 she showed potential for learning. She was referred to Western Pennsylvania School for Blind Children to participate in their Title I Child Development Project for visually impaired multiple handicapped children in the spring of 1972.

Appendix A - continued

Progress in WPSBC Residential School Program

F. attended WPSBC for a short-term evaluation in May and June, 1972. She returned to the Western State School and Hospital each weekend. With the help of a child care worker she participated in kindergarten activities. She required a great deal of verbal and physical help with her personal hygiene needs, dressing, and eating. She was pleasant and cooperative most of the time. However, if classroom or dormitory rules interfered with her desires, she displayed tantrum behavior which was difficult to manage. As she developed close relationships with staff members, she responded to positive reinforcement techniques and learned to accept limitations.

Arrangements were made to integrate F. in the WPSBC kindergarten program in 1972-73 during the week and live at Western State School and Hospital weekends and holidays. Arrangements for F. to visit with her mother and stepfather were made through the Social Service Department at Western State School and Hospital. The same arrangements were continued for 1973-74. The end of the year report indicated that she made small gains in mastering tasks in her education program. However, at the C.A. of nine years she was functioning at a pre-academic level and still required one-to-one help in order to participate in kindergarten activities and to complete self-care skills. Temper tantrums were still a major behavioral problem and they would increase after the week-ends off campus and especially after long vacation periods.

Plans for 1974-75 included placement in a special primary classroom for children with complex learning and behavior problems. Her individualized program was to focus again on development in the areas of orientation and mobility, communication, self-care and socialization skills. Two child care workers, one from 7 a.m. to 2 p.m. and one from 2 p.m. to 9 p.m. would involve her in a variety of learning activities, use behavior modification techniques and try to integrate her into group activities whenever appropriate.

Educational Assessments

Maxfield-Buchholz Scale of Social Maturity - 95 items, through six year level

June, 1972	June, 1973	June, 1974
53	68	73

KELP Kindergarten Evaluation of Learning Potential - 84 points for children with useful vision

June, 1972	June, 1973	June, 1974
5	20	12 (F. was uncooperative the day of the test)

A sample of F.'s individualized program and responses in the extended day program 3:30 p.m. to 7:30 p.m. for the week of April 2, 1974 follows. Also video tape recordings filed at WPSBC illustrate F.'s performance levels.

Child: # 59

Child Care Worker: Lynn Andrews

Week of: April 2, 1974

3:30 - 7:30 p.m.

Key

--with verbal and physical help

√with verbal cues

**after initial direction

Behavior	Mon.	Tues.	Wed.	Thurs.	Fri.
Negative behavior to eliminated					
Temper tantrums					
Mild	11				
Severe	0				
Positive behavior	√√			√√	
i.e. Followed simple directions	went to bathroom	went to dining room √√		Took her bath	
Participated in group activity	Played on swing		Played ball		
Initiated play					
Manipulative Skills					
1. Grasps with fingers	-- swing chain	-- clothing paper	** jungle gym	** same	H + S
2. Makes random marks with crayon		√√			S
3. Makes up and down lines					S
4. Disassembles items	-- all clothing	-- same	-- same	-- same	S
5. Assembles items		-- put some clothing on	-- same	--	
6. Throws ball or bean bag			-- ball	** ball	L &
Communication Skills					
1. Uses simple speech to obtain wants		*asked to go to bath-room			
2. Names common objects			bannister	glasses soap	
3. Names familiar people and greets them appropriately		√√	√√		
4. Names activities in her schedule.	Listen to "Sweetie Bear"	go to Mr. Campeau	go to school	get a bath	
Concepts					
Identifies-					
1. Hot or cold	√cold water			√hot water	
2. Rough or smooth					
3. Top or bottom					
Visual Discrimination					
Identifies colors	*red		*red blue yellow green purple		

METHODS
IN HUMAN
DEVELOPMENT

Appendix C

Name _____
(Last) (First) (Middle)

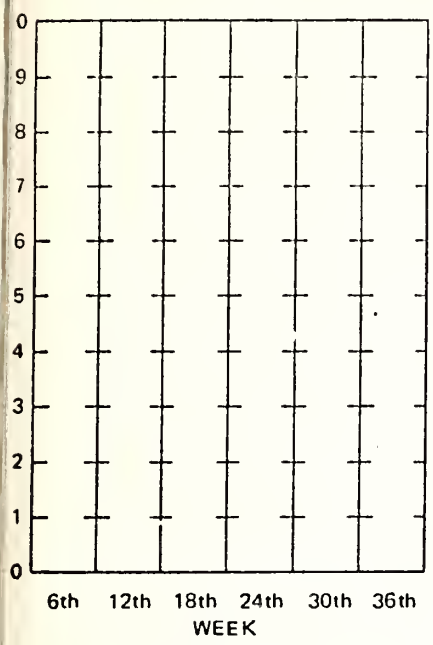
GRADE: _____ SCHOOL: _____

TEACHER: _____ YEAR: _____

Developmental Profile

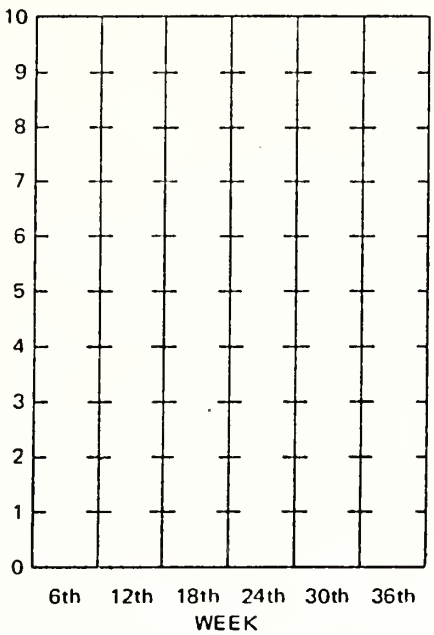
AWARENESS

(1) AWARENESS OF SELF



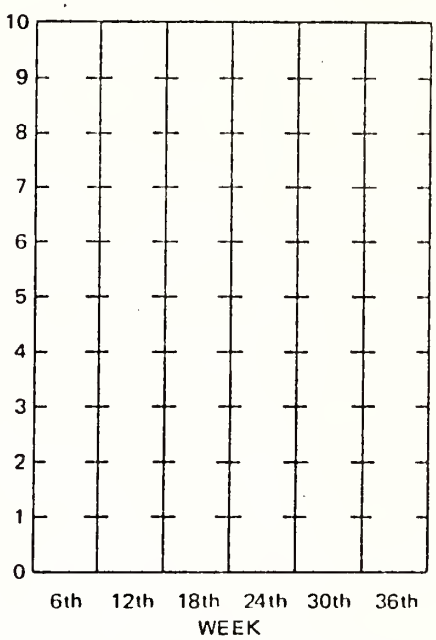
MASTERY

(1) SELF CONFIDENCE



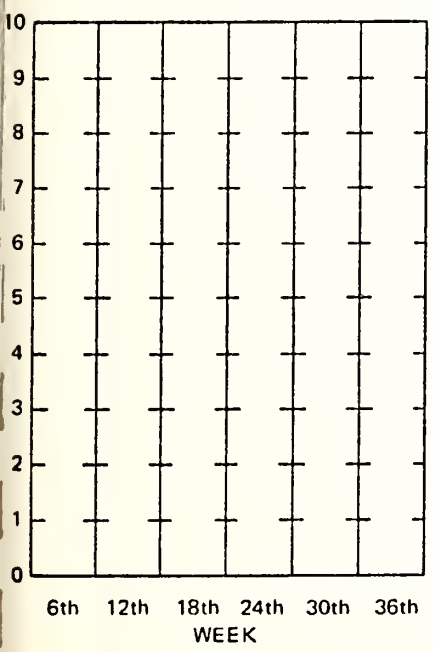
SOCIAL INTERACTION

INTERPERSONAL
(1) COMPREHENSION



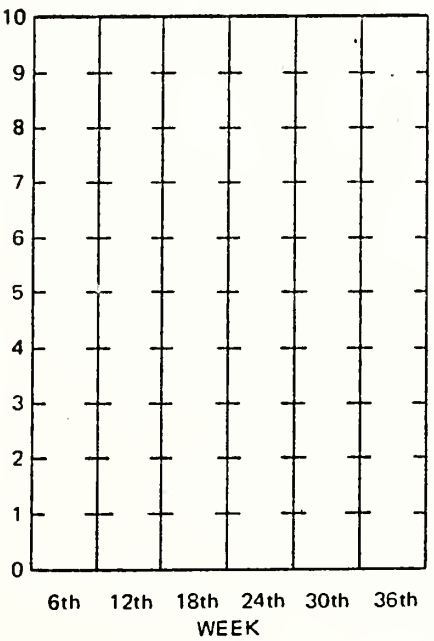
AWARENESS

(2) SENSITIVITY TO OTHERS



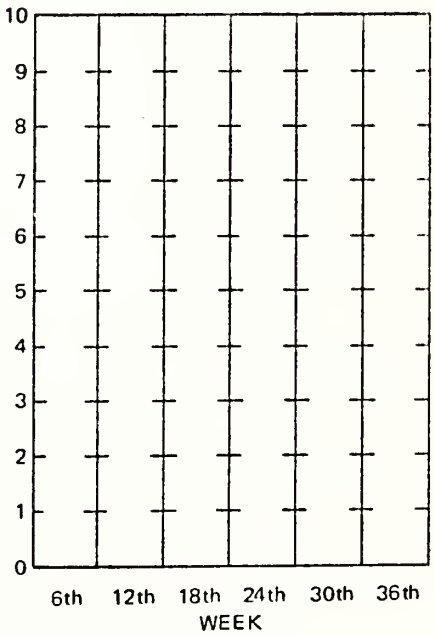
MASTERY

(2) EFFECTIVENESS



SOCIAL INTERACTION

(2) TOLERANCE



COMMENTS: _____

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Child # 46

Objective C

Sample page of gross and fine motor scale.

	Rhythmic, smooth, coordianted	Adequate took effort	Erratic: much motor "overflow"	Could not accompli	Made no effort	Comments
9. zips coats--starts two sides of zipper independently				1/74		
10. laces straight lines on prepared cards uniformly	1/74					+ Was careful & lace in every hole.
11. laces around circular card form		1/74				
12. laces around triangular pattern		1/74				
13. laces crosswise (alternating holes as in shoes) using prepared card				1/74		
14. laces shoes				1/74		
15. buckles large buckles on prepared cards		1/74				
16. buckles belts around waist			1/74			
17. buckles shoes while on feet			1/74			
18. ties a single knot				1/74		
19. ties a double knot				1/74		
20. ties bow on prepared card				1/74		
21. ties bow on shoes				1/74		
22. unwraps candy or gum from wrapper	1/74					
23. makes a ball out of tissue paper	1/74					
24. releases objects to another person --precision and timing good in handing an object to another	1/74					
--releases without pressure	1/74					
--opens hand sufficiently to allow withdrawal	1/74					
25. folds square piece of paper three times in at least 80 seconds		1/74				
26. turns pages of a book singly		1/74				

Appendix D

Sample Probe - Objective C

Child: #41

Goal of probe: To determine a baseline count of the frequency with which C. uses a loud annoying voice in verbal interaction with peers and adults.

Conditions of the probe:-Probe will continue for one week.
-C. has been rewarded for speaking in a normal or quiet voice. He has been ignored when he spoke loudly or removed from the classroom.
- During this probe C. will receive neither positive nor negative reinforcement.
- Frequency count of loud voice behavior will be taken during a 10 minute interval at the midpoint of 5 different activities.

Date	Activity	Number of Minutes	Time Begin	Time End	Rate	Total
Pre						
1/15/74	1. News	10	9:05-	9:15	/////	
	2. Individual lesson		10:00-	10:10	//	
	3. Snack		10:30-	10:40	////	
	4. Free time		10:50-	11:00	///	
	5. Story time		11:15-	11:25	///	
1/16/74	1. News	10	9:10-	9:20	///	
	2. Individual lesson		9:35-	9:45	//	
	3. Snack		10:20-	10:30	/////	
	4. Free time		10:50-	11:10	//	
	5. Story time		11:20-	11:30	////	
1/17/74	same as above	10	9:15-	9:25	///	
			9:45-	9:55	////	
			10:30-	10:40	/	
			11:00-	11:10	/	
			11:20-	11:30	//	
1/18/74	same as above	10	9:10-	9:20	//	
			9:40-	9:50	///	
			10:40-	10:50	/	
			11:00-	11:10	/	
			11:20-	11:30	//	
1/21/74	same as above	10	9:15-	9:25	////	
			9:50-	10:00	//	
			10:30-	10:40	///	
			11:00-	11:10	/	
			11:25-	11:35	//	
Post						
3/25/74	same as above	10	9:10-	9:20	////	
			10:00-	10:10		
			10:30-	10:40	//	
			10:55-	11:05	///	
			11:20-	11:30		

Date	Activity	Number of Minutes	Time Begin	Time End	Rate	Total
3/26/74	1. News	10	9:15-	9:25	//	
	2. Individual lesson		9:50-	10:00		
	3. Snack		10:40-	10:50	/	
	4. Free time		11:00-	11:10	//	
	5. Story time		11:20-	11:30		
3/27/74	same as above	10	9:15-	9:25	/	
			9:45-	9:55	/	
			10:40-	10:50	///	
			11:00-	11:10	/	
			11:20-	11:30		
3/28/74	same as above	10	9:10-	9:20	/	
			9:30-	9:40		
			10:30-	10:40		
			10:50-	11:00	//	
			11:15-	11:25	/	
3/29/74	same as above	10	9:20-	9:30		
			10:10-	10:20		
			10:40-	10:50	//	
			11:00-	11:10	//	
			11:20-	11:30		

28

Post-data Probe conditions were the same as in January, 1974. Between January and March C. was rewarded for speaking appropriately with verbal praise, tickets for prizes and special privileges.

Pre-Score 65
Post-Score 28
37 — A reduced frequency indicating improvement without reminders or rewards.

APPENDIX F

Case Study Information

CHILD: B. #17 PLACEMENT: Toddler Program
B.D.: 12/27/70 DATE: June, 1974
SPEECH THERAPIST: Carol Wiegle

B. has been seen by the speech therapist for evaluation and consultation on a periodic basis throughout the school year, 1973-74.

Statement of Problem

Brian was referred to the speech therapist in November by his child care worker. She was concerned about his delayed speech development and ways to stimulate his language and speech.

When first tested, B. was observed to babble, in an echolalic type pattern, following the speakers utterances. His spontaneous speech was characterized by limited use of sounds and limited use of articulatory mechanism and good inflectional patterns. His speech production can best be described as a sin-song pattern, using excellent imitation techniques. All verbalizations were unintelligible, except for mama when repeated. He showed little interest in speech, other than in a self-stimulating way. He approached new situations in a hesitant manner. He was not observed in play with other children in any meaningful manner.

Language development was difficult to assess, however, B. was able to attend a sound and locate its position. Hearing appeared normal for speech. He was reluctant to leave his child care worker, and cried or wined constantly. When given a toy or object, he immediately rejected it in favor of being held. He did not cooperate with the therapist during testing.

Overall development for communication appeared to be at the five month level. (Developmental Checklist, by V. Hart) Other developmental levels were also extremely delayed. B. physical development was also delayed; he was very small for his chronological age.

Consultation and Progress

B. was seen approximately four times over the year. Each time he was observed in a play situation with other toddlers and their child care workers. It was observed that he had begun to tolerate structure and enjoy motor play activities with an adult. His play alone was more meaningful. Gross and fine motor development greatly improved. I understood his feeding difficulties were being resolved.

I noted that there was some increase in frequency and duration of sound production. He was more attentive to specific instructions and stimulated well to beginning sounds, such as,/b/, /p/, /k/, /g/, /t/, /sh/ and additional vowels. He was beginning to use his oral areas for play and exploration. This was greatly encouraged, since the child had apparent tactile defensiveness in the area both for feeding and speech production. He was encouraged to blow, suck, lick, and attempt sounds. These activities were tolerated for longer periods of time. There was a general increase in babbling and sound play. He was responding to commands more consistently and was using speech, when

it was demanded prior to an enjoyable activity.

Suggestions were given to the child care workers to help implement this development. Towards the close of the year, I observed B. in various play activities, and noted additional increases in sound production. His attention and development in the areas of emotion, concept and precept, motor, and self-care, seemed improved.

Recommendations

1. Re-evaluate progress and development in communicational areas, in September, 1974.

2. A more structured program should be organized for B. Perhaps once a week observations and consultation sessions, gradually working into a play therapy situation. He appears to be ready for more structured stimulation activities centered on communication.

3. Total programming appears needed for better development of speech and language. He had been seen by another agency last year. I would suggest that just one agency organize the program, to provide a consistent approach.

4. Parent training and consultation appears to be needed. Suggestions should be given for stimulating activities to be used in the home. The family caseworker at the Pittsburgh Blind Association should be involved.

3/4/2011
T 222712 5 20 00

HF GROUP – IN